

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

8302

07347

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County..... Somerset
 City or town..... Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 16 years
 Hospital, institution, or street address where death occurred:
 First Street (302 N.)
 Home
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State..... Maryland County..... Somerset
 City or town..... Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 302 North First Street
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

Mary Elizabeth Bradshaw

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Lewis B. Bradshaw

6. (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) December 3, 1888

8. AGE: Years 58 Months 8 Days 0 If less than one day
 hrs. min.

9. Birthplace Ewell-Somerset-Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Noah Tyler

13. Birthplace Tylerton, Md.

14. Maiden name Margaret A. Evans

15. Birthplace Ewell, Md.

16. Informant Lewis B. Bradshaw

Address Crisfield, Md.

17. Burial August 6, 1947

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Sunny Ridge Mem. Park

Location Hopewell, Crisfield, Md.

18. Funeral director H. Harvey Bradshaw

Address Crisfield, Md.

19. Aug. 4, 1947 Janice E. Lewis

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 3, 1947, at 6:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 2, 1947, to Aug. 3, 1947.

and that I last saw him alive on Aug. 2, 1947.

Immediate cause of death: Coronary

Cerebral hemorrhage

Due to: Hypertension

Other conditions: none

(Include pregnancy within 3 months of death)

Major findings of operations: none

Autopsy results: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. S. Rawley, M.D.

Address Crisfield Date signed 8-4-47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

50

07348

CERTIFICATE OF DEATH

Reg. Dist. No. 360

1. PLACE OF DEATH:

County Somerset
 City or town Revels Neck
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset
 City or town Revels Neck Md
 (If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Mable A. Brinkley

3. (b) Social Security Number

4. Sex

Female

5. Color or race

white

6.(a) Single, married, widowed, or divorced

widowed

8.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Aug 19, 1886

6.(c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

624

hrs.

min.

9. Birthplace Revels Neck, Somerset Md
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

12. Name E. W. Mc Corman13. Birthplace Revels Neck Md14. Maiden name Susan Dorsey15. Birthplace Somerset Co. Md.16. Informant Ruth BlewinsAddress Revels Neck, Md.17. Burial Date thereof August 25, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Cedar HillLocation Suffolk Va.18. Funeral director Dale DashiellAddress Princess Anne, Md19. 8/23 47 R. F. Johnson M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 23 1947 at 4:30 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 18, 1947 to Aug 23 1947and that I last saw her alive on Aug 22 1947Immediate cause of death Carcinoma of Lung

DURATION

1 yr.Due to Carcinoma of BreastDue to Breast

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Her. B. Mc CormanAddress Princess Anne Date signed 8/23/47

RECEIVED

AUG 26 1947

BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07349

Reg. Dist. No. 269

1. PLACE OF DEATH:

County SomersetCity or town Deal Island
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 30 - yrs

Hospital, institution, or street address where death occurred

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Ma. County SomersetCity or town Deal Island
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Louella Collier

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

Eddie Collier

7. Birth date of deceased (mo., day, yr.)

May 12 18736.(c) If alive, give age 83 years

8. AGE:

Years

Months

Days

If less than one day

743

hrs.

min.

9. Birthplace

Chancock, Md.
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

None

FATHER

12. Name

John H. Jones

13. Birthplace

Chancock, Md.

MOTHER

14. Maiden name

Edwina Kelley

15. Birthplace

Chancock, Md.

16. Informant

Mrs. Lorena Weisbro

Address

Deal Island, Md.

17.

(Burial, cremation, or removal) Which?

Date thereof

Aug 18 - 47
(month) (day) (year)

Cemetery or crematory

St. John's M. E.

Location

Deal Island, Md.

18. Funeral director

Address

Deal Island

19.

(Date rec'd by registrar)

Aug 18 19 47Lola J. Wheatley

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 15th 19 47 at 3 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 47 to 19 47and that I last saw him alive on 19 47Immediate cause of death Pulmonary tuberculosis

DURATION

1 mth
10 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

P. Smith

M. D. or other

Address

Orphans BureauDate signed 8/18-47

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AUG 25 1947
BUREAU

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07350

CERTIFICATE OF DEATH

Reg. Dist. No. 270

1. PLACE OF DEATH:

County... Somerset
 City or town... Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 8 days
 Hospital, institution, or street address where death occurred:
McCreedy Hospital
 How long in hospital or institution? 8 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State... Maryland County... Somerset
 City or town... RFD, Marion Station
 (If outside city or town limits, write RURAL and give nearest town)
 Street No... Quindocqua
 (If rural, give LOCATION)
 2(a) If veteran, name war... 1111

3. (a) FULL NAME

Arminta Thomas Green

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
 6. (b) Name of husband or wife... Isaac Henry Green
Deceased 6. (c) If alive, give age... years
 7. Birth date of deceased (mo., day, yr.) October 4, 1860
 8. AGE: Years 86 Months 9 Days 9 If less than one day... hrs. ... min.

9. Birthplace... Kingston-Somerset-Md.
 (Town, county, and state)
 10. Usual occupation... Housewife
 11. Industry or business... Home

12. Name... Daniel Ford
 13. Birthplace... Brinkley Dist., Md.
 14. Maiden name... Elizabeth Ford
 15. Birthplace... Somerset County, Md.

16. Informant... Harry Green
 Address... RFD, Marion, Md.

17. Burial, cremation, or removal, Which? Burial Date thereof August 5 1947
 (month) (day) (year)
 Cemetery or crematory... St. Pauls Cemetery
 Location... RFD, Marion, Md.

18. Funeral director... H. Harvey Bradshaw
 Address... Crisfield, Md.

19. Aug. 6 1947 Ord. J. Wilson
Aug. 8 1947 Jessie E. Linn Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... August 3 1947 at 4:15 A
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 24 1947 August 3 1947
 and that I last saw him alive on August 2 1947
 Immediate cause of death... Acute Dilated Heart
Failure
 Due to... Chronic Hypertension
 Due to... Chronic Hypertension
 Other conditions... Chronic Hypertension July 24
 (Include pregnancy within 3 months of death)

Major findings of operations... Date of op. ...

Autopsy results...
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide... Date of ...
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE... George C. Bullman M. D. or other
 Address... Marion, Md. Date signed... Aug 4, 1947

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AUG 11 1943
BUREAU

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

07351

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 10 years
 Hospital, institution, or street address where death occurred:
Paper Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

LORETTA GRIFFIN

3. (b) Social Security Number

4. Sex Female 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Hance Lawson Griffin
 7. Birth date of deceased (mo., day, yr.) April 14, 1900 6.(c) If alive, give age 54 years
 8. AGE: Years 47 Months 4 Days 5 If less than one day _____ hrs. _____ min.

9. Birthplace Deals Island, Somerset, Md.
 (Town, county, and state)
 10. Usual occupation Housewife
 11. Industry or business _____

FATHER 12. Name James Ballard
 13. Birthplace Deals Island
 MOTHER 14. Maiden name Harriet Water
 15. Birthplace Deals Island

16. Informant Hance Griffin
 Address Crisfield, Md.

17. Burial Date thereof Aug. 22, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Deals Island Cemetery
 Location Deals Island, Md.

18. Funeral director H. Harvey Bradshaw
 Address Crisfield, Md.

19. August 25, 1947 Janice E. Gries
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 19, 1947, at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 13, 1947 to Aug. 19, 1947
 and that I last saw her alive on Aug. 19, 1947

Immediate cause of death Cerebral hemorrhage DURATION 6 mo.

Due to Arteriosclerosis

Due to Hypertension

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

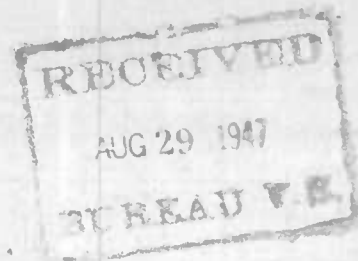
Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Samuel M. Peyton M.D. M. D. or other _____

Address Crisfield, Md. Date signed Aug. 23, 1947



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07352

Reg. Dist. No. 265

1. PLACE OF DEATH:

County SomersetCity or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 year

Hospital, institution, or street address where death occurred:

Chesapeake Avenue

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County SomersetCity or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)Street No. Chesapeake Avenue
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

MARY ANN HEADLEY

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Fernando Headley6. (c) If alive, give age 65 years7. Birth date of deceased (mo., day, yr.) February 17, 1883

8. AGE:

Years 64Months 6Days 1

If less than one day

hrs. min.

9. Birthplace Crisfield, Somerset, Md.
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name Franklin Swift13. Birthplace Crisfield, Md.14. Maiden name Sarah Matthews15. Birthplace Crisfield, Md.16. Informant Irene WardAddress Crisfield, Md.17. Burial Date thereof Aug. 21, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Crisfield CemeteryLocation Crisfield, Md.18. Funeral director H. Harvey BradshawAddress Crisfield, Md.19. Aug 23 1947
(Date read by registrar)Janice E. Spines
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 18 1947 at 1:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 1947 to Aug. 18 1947
and that I last saw him alive on Aug. 17 1947

Immediate cause of death

Pulmonary Tuberculosis

DURATION

24 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

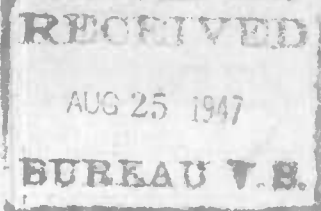
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE S. M. Peyton M.D. M. D. or otherAddress Crisfield Md. Date signed Aug 20, 1947



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH: Somerset
 County Rural, Rumbley
 City or town (If outside city or town limits, write RURAL and give nearest town)
 Lifetime
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 Rural, Rumbley
 Died at Home
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Somerset
 City or town Rural, Rumbley
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Rural
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME
 William Thomas Hurley

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
 6. (b) Name of husband or wife Annie Meridith Hurley
 Deceased 6. (c) If alive, give age years
 7. Birth date of deceased (mo., day, yr.) November 6, 1861
 8. AGE: Years 85 Months 9 Days 24 If less than one day hrs. min.

9. Birthplace Fairmount-Somerset-Md.
 (Town, county, and state)
 Waterman
 10. Usual occupation
 11. Industry or business Oyster & Crabs
 12. Name John Hurley
 13. Birthplace Dorchester Co., Md.
 14. Maiden name Ellen Blake
 15. Birthplace Fairmount, Md.

16. Informant Mrs. Russell Richards
 Address Fairmount, Md.
 17. Burial Date thereof September 1/47
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory Fairmount Cemetery
 Location Fairmount, Maryland
 18. Funeral director H. Harvey Bradshaw
 Address Crisfield, Md.

19. 9/1 47 R. J. Johnson M.D. Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 30 19 47 at 2:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 1st 19 46 to Aug 30 19 47 and that I last saw him alive on Aug 27 19 47

Immediate cause of death Myocardial Failure
 DURATION 6 mo.

Due to Generalized Arteriosclerosis

Due to Sclerosis

Other conditions B. Latent Inguinal Hernias
 (Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

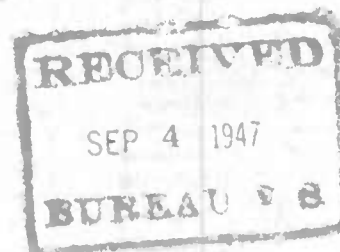
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Chas. B. Wheeler M.D.
 Address Crisfield, Md. 8/31/47
 M.D. or other
 Signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07354

Reg. Dist. No.

1. PLACE OF DEATH:

County SomersetCity or town Venton Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County SomersetCity or town Venton Maryland
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

Harry E. Parks

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Alva Bogzman Parks7. Birth date of deceased (mo., day, yr.) March 10, 19028. AGE: Years 43 Months 5 Days 1 If less than one day _____ hrs. _____ min.9. Birthplace Oriskany, Somerset Md.
(Town, county, and state)10. Usual occupation Farmer11. Industry or business Truck Farming12. Name Robert E. Parks13. Birthplace Oriskany Md.14. Maiden name Astoria Laird15. Birthplace Oriskany Md.16. Informant Alva B. ParksAddress Princess Anne Md.17. Burial Date thereof Aug 13, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Monie CemeteryLocation Venton Md.18. Funeral director Dale DashiellAddress Princess Anne, Md.19. Aug 13 1947 Wm. S. Bennett
(Filed by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 12th 1947 at 8³⁰ A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19____ to _____ 19____

and that I last saw him _____ alive on _____ 19____

Immediate cause of death Cerebral Thrombosis DeathDue to an expansionDue to Heart

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Wm. S. Bennett M.D. or other _____Address Princess Anne Date signed 8/22/47

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AUG 15 1947

BURBANK V B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Write correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

07355

260

1. PLACE OF DEATH:

County Somerset
 City or town Princess Anne, Md.
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset
 City or town Princess Anne, Md.
 (If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

John Pasquith

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Widower6. (b) Name of husband or wife Bertha Pasquith

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 26, 18738. AGE: Years 74 Months 0 Days 0 If less than one day hrs. 0 min. 09. Birthplace Venton, Maryland
(Town, county, and state)10. Usual occupation Mill hand

11. Industry or business

12. Name Charles Pasquith13. Birthplace Venton, Md.14. Maiden name Meriah Todd15. Birthplace Venton, Md.16. Informant One Frank CamerAddress Princess Anne, Md.17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof Aug. 16, 1947
(month) (day) (year)Cemetery or crematory Presbyterian CemeteryLocation Princess Anne, Md.18. Funeral director State WashelliAddress Princess Anne, Md.19. 8/16 47 R. J. Johnson Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

2D. DATE OF DEATH Aug 13th 19 47 at 7:00 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19

and that I last saw him alive on 19

Immediate cause of death Cerebral HemorrhageDue to Arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Antepoxy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P. SmithM. D. or other P. SmithAddress Princess Anne, Md. Date signed 8/14-47

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AUG 15 1947
BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07356

Reg. Dist. No. 26.0

1. PLACE OF DEATH:

County SomersetCity or town Princess Anne, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County SomersetCity or town Mt. Vernon, Md.
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Saura K. Ross

3. (b) Social Security Number

4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced Widow6.(b) Name of husband or wife Robert M. Ross7. Birth date of deceased (mo., day, yr.) Jan. 30 1865 6.(c) If alive, give age _____ years8. AGE: Years 82 Months 6 Days 22 If less than one day _____ hrs. _____ min.9. Birthplace Mt. Vernon, Md.
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name Thomas Williams13. Birthplace Virginia14. Maiden name Mary Harris15. Birthplace Virginia16. Informant Bruce RossAddress Mt. Vernon, Md.17. Burial (Burial, cremation, or removal, Which?) Date thereof Aug. 23 1947
(month) (day) (year)Cemetery or crematory John WesleyLocation Mt. Vernon, Md.18. Funeral director Dale WashellAddress Princess Anne, Md.19. 8/33 47 R. S. Johnson, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 21 1947

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug 14 1946 to Aug 21 1947and that I last saw her alive on Aug 21 1947

Immediate cause of death

Carcinoma Lungs DURATION 1 yr.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

23. SIGNATURE Thos. B. Whaley, M.D.

M. D. or other

Address Princess Anne Date signed 8/22/47

RECEIVED

AUG 26 1947

BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07357.

Reg. Dist. No.

1. PLACE OF DEATH:

County Somerset
 City or town Tylerton (Smiths Island)
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Tylerton (Smiths Island)
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

George W. Smith

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife Eliza Ann Smith

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) October 11, 1890

8. AGE: Years 56 Months 10 Days 9 If less than one day
 hrs. _____ min. _____

9. Birthplace Tylerton, Somerset, Md.
 (Town, county, and state)

10. Usual occupation Waterman

11. Industry or business Seafood

12. Name Frank W. Smith

13. Birthplace Fairmount, Md.

14. Maiden name Virginia Marshall

15. Birthplace Tylerton, Md.

16. Informant Maurice Smith

Address Tylerton, Md.

17. Burial Date thereof Aug. 22, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Tylerton Cemetery

Location Tylerton, Md.

18. Funeral director H. Harvey Bradshaw

Address Crisfield, Md.

19. Aug. 22, 1947 Carrie Kitchen
 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 20th, 1947 at 4:25 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May, 1947 to Aug. 20, 1947 and that I last saw him alive on Aug. 20, 1947

Immediate cause of death Coronary thrombosis

Due to Arteriosclerotic heart disease

Due to _____

Other conditions None

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE M.G. Chambers M.D. M. D. or other

Address Ewell, Md. Date signed 8/22/47

DURATION
About
4 hrs.
3 Mos.
plus.

RECEIVED
SEP 3 1947
BUREAU # 8

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 07358
261

1. PLACE OF DEATH:

County... Somerset
City or town... Crisfield
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Lifetime
Hospital, institution, or street address where death occurred:
Jacksonville Rd.
How long in hospital or institution? Died at Home

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Somerset
City or town... Crisfield
(If outside city or town limits, write RURAL and give nearest town)
Street No. Rural, Jacksonville Rd.
(If rural, give LOCATION)
2. (a) If veteran, name war 11111111

3. (a) FULL NAME

John Tyler Somers

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Winnie Ward

7. Birth date of deceased (mo., day, yr.) September 2, 1857 6. (c) If alive, give age 78 years

8. AGE: Years 89 Months 11 Days 24 If less than one day
.....hrs.min.

9. Birthplace Lawsonia-Somerset-Md.
(Town, county, and state)
Farmer

10. Usual occupation Truck-Farming

11. Industry or business Michael Somers

12. Name Somerset Co., Md.

13. Birthplace Rachel Corbin

14. Maiden name Somerset Co., Md.

15. Birthplace Mrs. Winnie Somers

16. Informant Crisfield, Md.

17. Address Burial Aug 31, 1947
(Burial, cremation, or removal, Which?) (month) (day) (year)
Cemetery or crematory Sunny Ridge Cemetery
Location Rural, Crisfield, Md.
18. Funeral director H. Harvey Bradshaw
Address Crisfield, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 26 19 47 at 1030 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 1 19 47 to Aug 26 19 47
and that I last saw him alive on Aug 25 19 47

Immediate cause of death Arteriosclerosis
Acute Die D Heart

Due to Chronic Int. nephritis

Due to Chronic nephritis

Other conditions General Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____
Where did injury occur? (City or town) (County) (State)

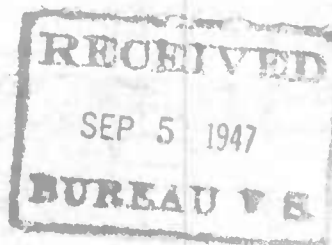
Injured at home, farm, industry, public place (where?)
Means of injury _____ Injured at work? _____

23. SIGNATURE Guy B. Chatham M.D. M. D. or other
Address manassas Date signed Aug 28 47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

932

07359

CERTIFICATE OF DEATH

Reg. Diat. No. 265

1. PLACE OF DEATH
County **Somerset**
City or town **Byrdtown, Crisfield, Md.**
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? **75 yrs**
Hospital, institution, or street address where death occurred:
Byrdtown, Crisfield, Md.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State **Maryland** County **Somerset**
City or town **Byrdtown, Crisfield, Md.**
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war.

3. (a) FULL NAME **William Andrew Sterling**

3. (b) Social Security Number
215-20-1041

4. Sex **male** 5. Color or race **white** 6.(a) Single, married, widowed, or divorced **Married**
6.(b) Name of husband or wife **Angeline Sterling**
6.(c) If alive, give age **73** years
7. Birth date of deceased (mo., day, yr.) **Sept. 25, 1873**

8. AGE: Years **73** Months **10** Days **12** If less than one day _____ hrs. _____ min.

9. Birthplace **Crisfield, Md.**
(Town, county, and state)
Waterman

10. Usual occupation **Seafood**

11. Industry or business **Rufus Sterling**
FATHER 12. Name **Maryland**
13. Birthplace

MOTHER 14. Maiden name **Caroline**
15. Birthplace **Maryland**

16. Informant **Angeline Sterling**
Address **Byrdtown, Crisfield, Md.**

17. Burial **Burial** Date thereof **Aug. 10, 1947**
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory **Asbury Cemetery**
Crisfield, Md.
Location **Hubbard & Corington**

18. Funeral director **306 Main St. Crisfield, Md.**
Address

19. **Aug. 12** 19 **47** **Janice E. Spivey**
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

August 6, 1947

20. DATE OF DEATH _____ 19 _____ at _____ 4 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **July 20** 19 **47** to **Aug. 6** 19 **47**
and that I last saw him alive on **Aug. 6** 19 **47**

Immediate cause of death **acute dilatation of heart** DURATION **3**

Due to **Auricular fibrillation** **3**

Due to **Chronic myocarditis** **10 years**

Other conditions **arterio sclerosis** **10 years**
cardiac decompensation **6 mo.**
(Include pregnancy within 3 months of death)

Major findings of operations **none**

Autopsy results **none** Date of op. _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____

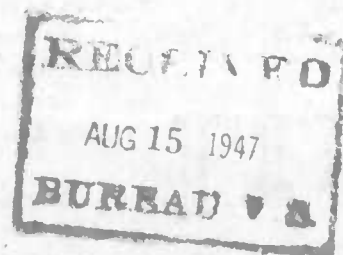
Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE **C. S. Rawley M.D.** M. D. or other

Address **Crisfield, Md.** Date signed **8-12-47**



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

07360

1. PLACE OF DEATH:

County Somerset Co
 City or town Princess Anne
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 69 yrs
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Somerset
 City or town Princess Anne
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex Female 5. Color or race Col 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Elijah Stevenson

7. Birth date of deceased (mo., day, yr.) Feb 28, 1878 6. (c) If alive, give age 69 years

8. AGE: Years 69 Months 6 Days 11 If less than one day _____ hrs. _____ min.

8. Birthplace Dover, Del.
 (Town, county, and state)

10. Usual occupation Home work

11. Industry or business

12. Name Henry Bivens13. Birthplace Western Somerset Co14. Maiden name Heneretta Elzey15. Birthplace Dover, Somerset Co16. Informant Elijah StevensonAddress Princess Anne MD

17. Burial Date thereat Aug 12, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cottage GroveLocation Western MD.18. Funeral director Elmer H. WardAddress Maries R. Fred19. 8/11 47 R. St. Johnson

(Date rec'd by registrar) _____ Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 8th 1947, at 7:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 23rd 1947 to Aug 8th 1947

and that I last saw her alive on July 24th 1947

Immediate cause of death _____

DURATION

Pulmonary tuberculosis 2 yrs

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Elmer G. Mervison

M. D. or other _____

Address Princess Anne, MD Date signed 8-11-47

RECEIVED
AUG 12 1947
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

950

07361

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County... Somerset
City or town... Lower Hill
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 70
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Laura Waters

3. (b) Social Security Number

4. Sex Fe. 5. Color or race Col. 6. (a) Single, married, widowed, or divorced widowed

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Nov 7, 1896

8. AGE: Years 70 Months 9 Days 8 If less than one day hrs. min.

9. Birthplace Lower Hill Somerset, Md.
(Town, county, and state)

10. Usual occupation Domestic

11. Industry or business

12. Name John Waters

13. Birthplace Lower Hill, Md.

14. Maiden name Abigail Waters

15. Birthplace Lower Hill, Md.

16. Informant Talbot Mills

Address Westover Md

17. Burial Date thereof Aug 14-47
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Fernial

Location Lower Hill, Md.

18. Funeral director Charles H. Ward

Address Marlow St., Md.

19. 8/12 47 R. H. Johnson, M.D. Registrar
(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Md. Somerset
City or town Lower Hill Somerset, Md.
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 10 1947 at 8 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 to 19

and that I last saw him alive on 19

Immediate cause of death

acute heart disease

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Henry M. Southerland M. D. or other

Address Prince Georges Md Date signed 8/14/47

MARGIN RESERVED FOR BINDING

VS A15

9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 13 1947

BCREAU 7 B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07362

Reg. Dist. No. 260

1. PLACE OF DEATH:

County Somerset
 City or town Princess Anne, Md.
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State _____ County _____

City or town _____
 (If outside city or town limits, write RURAL and give nearest town)Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Leah Wilson

3. (b) Social Security Number

4. Sex _____ 5. Color or race _____ 6. (a) Single, married, widowed, or divorced _____

female Colored married6. (b) Name of husband or wife Joshua Wilson7. Birth date of deceased (mo., day, yr.) August 20, 1900 8. (c) If alive, give age 75 years

11. AGE: Years _____ Months _____ Days _____ If less than one day _____ hrs. _____ min.

67 11 139. Birthplace Princess Anne, Md.
 (Town, county, and state)10. Usual occupation House Wife

11. Industry or business _____

12. Name William Handy13. Birthplace Princess Anne, Md.14. Maiden name Grace Handy15. Birthplace Princess Anne Md.16. Informant Joshua WilsonAddress Princess Anne, Md.17. Burial John Wesley Date thereof 8-15-47

(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory John WesleyLocation Princess Anne, Md.18. Funeral director William H. JamesAddress Princess Anne, Md.19. 8/14 47 R. L. Johnson

(Date Rec'd by registrar) (month) (day) (year) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 13 1947 at 7 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19____ to _____ 19____

and that I last saw him _____ alive on _____ 19____

Immediate cause of death _____

Circumstances of death _____

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Harry M. Sanford M.D.Address Princess Anne Md Date signed 8/14/47

AUG 15 1947
RICHARD T. R.

Supplied with
at and house.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1312

CERTIFICATE OF DEATH

Reg. Dist. No.

07368
268

1. PLACE OF DEATH:

County Somerset
City or town Westover
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days) few hours
Stay in this community (yrs., or mos., or days) —

3. (a) FULL NAME

Edith Northane Windsor

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Jack Windsor

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 7 - 1885

8. AGE: Years 62 Months 2 Days 17 If less than one day — hrs. — min.

9. Birthplace Wisconsin Dells, Wis.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Household duties

12. Name John Northane

13. Birthplace Wisconsin Dells

14. Maiden name Elizabeth Corbett

15. Birthplace Wisconsin Dells

16. Informant W. J. Northane

Address Wisconsin Dells

17. (Burial, cremation, or removal) (Which?) Buried Date thereof Aug 22 - 47
(month) (day) (year)

Cemetery or crematory St. Louis M. B.

Location Deale Island Md

18. Funeral director H. J. Webster

Address Deale Island Md

19. (Date read by registrar) Aug 22 - 47 Lola J. Whitley
Registrar

Sept 5 - 1947

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Baltimore
City or town Baltimore Ward No. —
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 2321 Roseville St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR — ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH August 24 19 47 at 3:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

— 19 — to — 19 —

and that I last saw him — alive on — 19 —

Immediate cause of death

Coronary Occlusion
as a result of 7 Aneurysm

Due to

Due to Chronic Int. nephritis
Chronic myocarditis

Other conditions General Arterio Sclerosis

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) — (County) — (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE George O. Chalkley M.D.

M. D. or other

Address — Date signed —

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DURATION

20 minutes

PHYSICIAN

Please underline the cause to which death should be charged statistically.

RECEIVED
SEP 8 1947
BUREAU

RECEIVED
SEP 8 1947
BUREAU